

BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		70009	10/1/97

INDEX OF CLAIMS

✓ _____ Rejected N _____ Non-elected
 _____ Allowed I _____ Interference
 (Through numeral) _____ Canceled A _____ Appeal
 _____ Restricted O _____ Objected

Claim	Date
1	1/1/97
2	1/1/97
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Claim	Date
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If more than 150 claims or 10 actions
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